



**CITY OF SUNNYVALE**  
**BUILDING AND FIRE PERMIT WORKSHEET**  
456 West Olive Avenue  
Sunnyvale, CA 94086  
(408) 730-7444

Completed Plan Check  
Comments are Available On-line  
at [www.e-onestop.net](http://www.e-onestop.net).

**PROJECT INFORMATION**

Date: \_\_\_\_\_

Job Address: \_\_\_\_\_

Valuation: \$ \_\_\_\_\_

Sq. Ft. of Construction: \_\_\_\_\_

Type of Permit(s) Applying for:

_____ Building	_____ Demolition
_____ Electrical	_____ Fire Prevention
_____ Mechanical	_____ Sign
_____ Plumbing	_____ Grading
_____ Re-roof	_____ Other

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FIRE PERMIT INFORMATION**

☐ Fire Sprinklers    ☐ Fire Alarm

☐ Other: \_\_\_\_\_

Is there a building permit associated with this work?

☐ No    ☐ Yes, Permit Number: \_\_\_\_\_

**APPLICANT/CONTRACTOR**

☐ Property Owner    ☐ Contractor

☐ Applicant/Contact Person (Regular Plan Check)

☐ Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Contractor Information:

Class: \_\_\_\_\_

License Number: \_\_\_\_\_

Workers Compensation Information:

Policy Number: \_\_\_\_\_

Carrier: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

☐ Exempt from Workers Comp (Sole Employee)

**Office Use**

Plan Check Fee \$ \_\_\_\_\_

Energy Plan Check Fee \$ \_\_\_\_\_

Total Plan Check Fee \$ \_\_\_\_\_

Project Coordinator \_\_\_\_\_

Date Plan Accepted \_\_\_\_\_

Due Date for City Response \_\_\_\_\_

Project Number \_\_\_\_\_ Rev. \_\_\_\_\_